10/10/2007

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

JAN 1 4 2008 Jan 14 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

## IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

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Equ	<i>∏¶</i> ≰ Defe	Credit Byreau  Indant(s)  CASE NUMBER 07 C 7/70  JUDGE Der - Yeghiqyan  muqishruto Tudge Cole			
nore in provide , other vithou	nformatic e the add Dov1 ut full pr	included, please place an X into whichever box applies. Wherever the answer to any question requires on than the space that is provided, attach one or more pages that refer to each such question number and litional information. Please PRINT:    Pre   Do   Do   Do   Do   Do   Do   Do   D			
he co	mplaint	am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in /petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the stions under penalty of perjury:			
	I.D. #	ou currently incarcerated?			
2.	Are you currently employed? XYes . DNo Monthly salary or wages: 500. W (varys monthly) Name and address of employer: accurate Services Uroup				
	a.	If the answer is "No":  Date of last employment:  Monthly salary or wages:  Name and address of last employer:			
	b.	Are you married?			
3.	or an	t from your income stated above in response to Question 2, in the past twelve months have you your else living at the same residence received more than \$200 from any of the following es? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.			
	a. Amo	Salary or wages ONo unt Received by Constant			

	b. ☐ Business, ☐ profession o  Amount 500	Received by Can to	caresti ———	□No 				
	c. □ Rent payments, □ interes	st or □ dividends	□Yes	₩No				
	Amount	_Received by						
	d. □ Pensions, □ social security, □ annuities, □ life insurance, □ disability, □ workers' compensation, □ unemployment, □ welfare, □ alimony or maintenance or □ child support							
	·		□Yes	ÆlNo				
	Amount	_ Received by						
	e. □ Gifts or □ inheritances		□Yes	ΩNο				
	Amount	Received by		-7				
	f. □Any other sources (state s			□No				
	Do you or anyone clse living at the same residence have more than \$200 in cash or checking or							
	savings accounts?	lYes ØNo	Total amount:					
	In whose name held:	Relationship to	you:					
	Do you or anyone else living at t	he same residence own any	stocks, bonds, secu	ities or other				
	financial instruments?	61 .31.1	□Yes	<b>Æ</b> INo				
	Property:	Current Value:						
	In whose name held: Relationship to you:							
	Do you or anyone else living at the same residence own any real estate (houses, apartments,							
	condominiums, cooperatives, two-	-flats, three-flats, etc.)?	□Yes	ZNο				
	Address of property: Type of property: In whose name held:			· · · · · · · · · · · · · · · · · · ·				
	Type of property:	Current value:						
			· · · · · · · · · · · · · · · · · · ·					
	Amount of monthly mortgage or lo Name of person making payments:							
	Name of person making payments.		0	_				
	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile							
	homes or other items of personal p	property with a current market	et value of more than □Yes	\$1000? &No				
	Property:			,				
	Current value:							
	In whose name held:	Relationship	to you:					
	List the persons who are dependent on you for support, state your relationship to each person and							
	List the persons who are dependen	nt on voll for support state v						
	indicate how much you contribute	monthly to their support. If	none, check here $\Box$	lo dependent				
	List the persons who are dependent indicate how much you contribute Dughter - K.) a Dunghter - Kuler	monthly to their support. If	none, check here $\Box$	No dependent				

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

## CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify tha	nt the applicant named herein,	, I.D.#	, has the sum of
\$	on account to his/her credit	at (name of institution)	
I further ce	rtify that the applicant has the follo	owing securities to his/her credit:	I further
certify that	t during the past six months the ap	plicant's average monthly deposit was \$	
( <u>Add</u> all de	eposits from all sources and then <u>di</u>	vide by number of months).	
D	ATE	SIGNATURE OF AUTHORIZED	OFFICER
		(Print name)	

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